Dear Clearck

08 173

I want to drop or dismiss a file of charges against Thomas, Enid, and Audrey Elban 45. Only contesting the Wilmington Police depointent, Sean Levan, Correctional Medical Services, and the State.

Sincerly SBI# 44940lo John Hyhunen



(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE (Name of Plaintiff) (Complete Address with zip code) (Name of Plaintiff) (Inmate Number) (Case Number) (to be assigned by U.S. District Court) (Complete Address with zip code) (Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed) CIVIL COMPLAINT Jury Trial Requested (Names of Defendants) (Each named party must be listed, and all names MAY - 2 2008 must be printed or typed. Use additional sheets if needed) U.S. DISTRICT COUR PREVIOUS LAWSUITS I. DISTRICT OF DEL A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- Is there a prisoner grievance procedure available at your present institution? • Yes • No A.
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • • Yes • • No

C.	If your answer to "B" is Yes:
	1. What steps did you take? In House May Greivances,
	one on ones, team meetings
	2. What was the result? Nothing
D.	If your answer to "B" is No, explain why not:

DEFENDANTS (in order listed on the caption) III.

Mailing address with zip code:

DE	TENDANTS (in order instead on the capiton)
(1)	Name of first defendant: Sean Levan, Co Workers Responding to incoder Employed as Correctional Officer at Howard R. Joung Cor. Inst. Em
	Mailing address with zip code:
(2)	Name of second defendant: Wilmington Police Department
	Employed as at

_		
(3)	Name of third defendant:CONECTIONAL	Medical Services
]	Employed as	_at
]	Mailing address with zip code:	

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

2

IV. STATEMENT OF CLAIM

V.

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

	0000 110 01
1.	talse imprisionnell It - Unlassary
	delay in Time Frame Proceedings
	for indictment case reveills.
	and depile of SOCOLY TOTAL
	Crimminal Pules Christice
	Chilling to the contract of th
2.	LOUS, Incourtary Imprisionikit
	Standerd Operating Proceedures
	Excessive force, Official Miscon-
	duct, Malionnie, Abuse, Malect,
	Mistradinent, trafficking of
3.	a Victim - Pailing Police Drutality
3.	CONFLICT OF INTUISA. CONCOMPIONAL
	Without working expos
	William Control of the Control of th
	Dre Of Contider Hanty, I nettert
	ve councilina, chriftin con al a
	In advante medical Services, etc.
RELIEF	
	efly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or
statutes.)	Sanction Gymmmnl cash
1.	SCHICTION, EXPLINATION
	COMPONE OF ION HOPM MOTIONS
	410 T. 48 Bon Mubebalt

<i>(t</i>	1
K	1/

 \hat{I} declare under penalty of perjury that the foregoing is true and correct.

Signed this 30th day of April , 2 008	_
- Concordent	
(Signature of Plaintiff 1)	
(Signature of Plaintiff 2)	
(Signature) of Plaintiff 3)	

JStephanson-DPC 1901MDvPont HWY New Castle De 19702



916H235 444 \$01.140 05.01.2004 Maleo Front 1000 US POSTAGE



Clearch of Court Coch box 18 844 N King St Wilmington DE19801